

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/538718

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2				1			
3	2		1				
4	0		1				
5	0		1				
6	0		1				
7	0		1				
8	0		1				
9	0		1				
10	0		1				
11	0		1				
12	0		1				
13	0		1				
14	0		1				
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31	0		1				
32	1		1				
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46							
47							
48							
49							
50							
TOTAL IND.	1	↓	3	↓		↓	
TOTAL DEP.	37	←	34	←		←	
TOTAL CLAIMS	38		37				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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95							
96							
97							
98							
99							
100							
TOTAL IND.					↓		
TOTAL DEP.					←	←	←
TOTAL CLAIMS							